## FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Feb 27, 2006 8:00 am Secretary of State **DOCUMENT # J68993** 02-27-2006 90051 024 \*\*\*158.75 W. CHRISTIAN BUSK LANDSCAPE ARCHITECT, INC. Principal Place of Business Mailing Address 21. 816 MYRTLE TERR 816 MYRTLE TERR 816 MYRTLE TERRACE 816 MYRTLE TERRACE NAPLES, FL 34103 NAPLES, FL 34103 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0031249 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUSK, W. CHRISTIAN DO NOT WRITE 816 MYRTLE TERRACE, NAPLES, FL 34103 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PSTD** BUSK, W. CHRISTIAN NAME STREET ADDRESS 816 MYHRTLE TER NAPLES, FL 34103 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR